REPORT

Inter- and intra-generational relations in the light of building resilience in the life course

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Introduction

Intergenerational solidarity is one of the foundations of social resilience. In this working paper we focus on the intergenerational relations and intergenerational transfers that are an important contribution to the resilience of individuals, particularly at their stages of lifecourse, where their consumption and needs cannot be met by their own income or abilities – namely at earliest and latest stages of the life course.

As presented in the theoretical framework of determinants of individual resilience by Aassve and Bastianelli (2024) life-course capitals and resources comprise public institutions at macro level, social networks and meso-level, individual capital, including a social capital at micro-level. The interplay of the macro-, meso- and micro level creates conditions that in the light of various disturbances lead to outcomes, that can be assessed from the perspective of resilience, which according to the literature can be seen as a process by which individuals, families or communities face initially adverse changes in a positive way and adapt to a new situation.

In this working paper, we investigate the role and function of intergenerational and to some extent intragenerational transfers, to understand their part in developing resilient societies, through building the social capital as a part of societal and individual resources. In the analysis we focus on the *inter vivos* transfers, as a source of developing social capital and enhancing resilience at various stages of the lifecourse, particularly at young and older ages, when people need to receive private transfers (i.e. from parents, children, or partners) to support their consumption needs. After the review of the literature on intergenerational transfers, we present the assessment of intergenerational transfers from the perspective of generational accounts. We analyse both monetary transfers in the life course of individuals, also taking into account gender, and non-monetary (time) transfers, which are important in the context of social networks and their role in providing intergenerational support. Then, we provide an analysis of generational transfers for two groups of adults. First, we use the Generations and Gender Survey (GGS) data to analyse intergenerational transfers of adults in working age. Then, we use the Survey of Health Ageing and Retirement in Europe (SHARE) data to focus on support (provided and received) from the perspective of people aged 50 or over. In particular, we look at how individual resilience is related to the private support. To the best of our knowledge, this is the first study to analyse this issue, as previous research has focused on the relationship between the exchange of support and the health or subjective well-being of the individuals involved in the exchange.

1. Intergenerational transfers as resilience building instrument and their interplay with public policies

In social sciences, the multidimensional construct of resilience is defined as the ability of individuals to positively adapt to adversities. Adaptation can be defined broadly, within Social-Ecological Systems (SES) framework, as the capacity to deal with current or future predicted change while retaining structure, function and ability to self-organise and learn (Krimbas, 2004; Walker et al., 2002). From an individual perspective, positive adaptation to adversity can be understood as a set of features which enable the individual to use internal and external resources to respond to environmental issues or adversities, taking into consideration his or

her needs (Sroufe, 1979). The process of resilience is also analysed, among others, in the field of sociology of the family, investigating family resilience – a property of a family to adapt and grow in response to challenges (McCubbin & McCubbin, 1988).

There are three broad categories of factors for positive individual adaptation: (1) positive dispositional and temporal attributes, (2) family warmth and coherence, as well as (3) external support systems (Luthar, 2012; Rutter, 1990). These categories are reflected in scales measuring such protective factors. The Resilience Scale for Adults (RSA), developed by Hjemdal et al. (2001) and subsequently replicated and validated (Friborg, 2005; Hjemdal et al., 2001), consists of five dimensions: (1) personal competence, (2) social competence, (3) family coherence, (4) social support and (5) personal structure.

Inter- and intra-generational relations describe the ties between members of different generations or between persons of a similar age. Those relations usually involve family, but may also extend to non-kin networks. In the context of ongoing demographic changes, such as ageing populations, declining fertility, marital instability and increased geographical mobility, research on inter- and intra-generational solidarity is becoming increasingly important. Improvements in human longevity observed all around the world provide more opportunities throughout one's lifespan for intergenerational interactions. Among the most prominent are care transfers within and between generations. Caregiving is not unidirectional as it pertains both to adult children towards their older parents as well as to grandparents towards their grandchildren. Importantly, increasing life expectancy and fewer children reshape kinship networks from horizontal into more vertical structure affecting the size of potential care resources within families. At the same time, the prevalence of divorce and remarriage makes family networks more complex.

Family support and coherence, among other factors, have a major influence not only on individual (Hawley & DeHaan, 1996) but also family resilience (Nadrowska et al., 2017). In fact, warm and cohesive intrafamilial exchanges during one's life, as well as experience of sensitive and emotionally responsive caregiving (especially during one's infancy) serves a key protective factor in all areas of human development (Egeland et al., 1993). Family cohesion – emotional bonding between family members and mutual support (working together as a unit) promotes the optimal use of various familial resources, contributing to the ability to solve common problems (Lavee et al., 1987). It has been argued that family relationships based on contact, emotional attachment, agreement, instrumental support, and supportive familial norms translate into broader social cohesion and promote social inclusion (Furstenberg, 2005). The aforementioned affective and behavioural orientations of a family were identified by Bengtson and Roberts (1991) as fundamental components of intergenerational solidarity, understood as the link between parents and their adult children (Bengtson & Roberts, 1991). Hence, the group of protective factors for positive adaptation linked to family support and aspects of family (intergenerational) solidarity correspond to one another.

Families play special role in shaping vulnerability processes across life course. First, economic privileges tend to be passed down in families, especially in affluent ones, which does not occur too often in elective ties. Second, family relations, particularly in young age, shape individual's ability to form and maintain relationships in later life. Family bonds are usually created early in life, thus influencing one's values and establishing familial roles. Third, as instrumental support

and emotional care are expected from family members, poor quality of family ties tends to be detrimental to one's well-being; elective ties are more likely to be undone if a conflict occurs, so those ties are usually of better quality (Spini and Widmer 2023, p. 154).

The role of intergenerational transfers evolved in time. Since the mid-1960s, family life has experienced a shift in terms of childbearing patterns, union formation, living arrangements and family forms (van de Kaa, 1987). The associated increase in the number of multigenerational households and growing individualisation affected the quality of family ties. For this reason, some scholars pointed at the resulting erosion of traditional family solidarity (Beck, 2001). Nevertheless, there is also evidence suggesting that intergenerational solidarity, continues to be strong (Motel-Klingebiel et al., 2003). In the context of older adults, resilience can be perceived as individual's ability to adapt and flourish despite adversity and age-related challenges (Trică et al. 2024, p. 2). Resilience can be demonstrated by using both internal and external resources, e.g. adaptive coping strategies or seeking social support, to maintain or improve overall wellbeing (Trică et al. 2024, p. 3). Chappell and Welsh (2020) underline the significance of viewing resilience as a relational social process rather than in an individualised way. Based on a qualitative study they argue that the older people understand resilience as a social process created through intergenerational interactions in three themes. Firstly, the memory of intergenerational support from the past can be an important resource providing comfort throughout the life-course. Secondly, reciprocal exchange of caring obligations across generations is a key element of resilience. Lastly, the feeling of connectedness to communities, engagement in society supports resilience as well (Chappell and Welsh 2020, p. 650).

Arthur and McNicoll (1978) noted that the intergenerational transfer effect depended not on the optimising behavior assumed in the classical consumption-loan model, but on two rather different assumptions. First, that the lifecourse profile of consumption differs from that of production (labour income), the gap between consumption and production is made up by transfers from producers and their labour income surplus above their consumption, to consumers that don’t have sufficient income to finance their consumption. Second, that consumption and production throughout the lifecycle are keyed to age. This concept is also key to the generational economy, that treats the (public and private) transfers as an important component of consumption smoothing in the life course. Lee (2007) underlines that with evolution of the economic lifecycle, institutional context, including the welfare state development, as well as changes of the population age distribution, the direction of transfers shifted from downwards to upwards. He argues that society changes from producing and redistributing resources predominantly to children, to one that at produces and redistributes resources also to the elderly. While transfers within families remain strongly from adults to the young, mainly through the private transfers, these flows are counterbalanced by the flows from adult to old through the public sector: taxes and contributions that are financing old-age transfers. Yet, it should be noted that the interplay between public transfers resulting from the welfare state design, are counterbalanced by private transfers. (Blackburn & Cipriani, 2005) show that demographic transition is fundamentally linked to changes in intra-family wealth flows. They indicate, that for the transition to take place and to continue unheeded, it is essential that individuals have the motives and opportunities for making transfers not only to their parents but also to their children.

Private intergenerational relations are proven to be long-lasting and solidarity is being built up over the life-course (Szydlik 2012, p. 100). It also refers to aspects other than time transfers, such as financial transfers, which may be crucial from the point of view of accumulation of financial resources (e.g. cash payments and bequests).

There are several dimensions of intergenerational solidarity. In this working paper we focus on support provided and received by households. This type of support involves financial, emotional or physical (practical) assistance (Bengtson & Roberts, 1991). Albertini et al (2007), using the data from Survey on Health, Ageing and Retirement in Europe show that in the developed European economies, there is an inverse private transfer. They show that there is a net downward flow from the older to the younger generations, both by inter vivos financial transfers, and by social support. Transfers from parents to their children are much more frequent and also usually much more intense than those in the opposite direction. The design of public policies and welfare regimes also affects the frequency and size of transfers. Namely, transfers from parents to children are less frequent but more intense in the Southern European countries than in the Nordic ones, with the Continental European countries being somewhere in between the two. Using the same survey Brandt & Deindl (2013) find out that generous welfare state enables older people to play an active role in family life, even when children leave home. State transfers permit parents to support their children in times of need, but also to help occasionally with financial gifts, that can further be conducive to support provided by the children when the parents may need more support. Therefore, the interplay between the public and private transfers can have an important role in shaping the intergenerational solidarity and resilience at different stages of the life course. Based on the longitudinal data from 11 Western and Southern European countries participating the SHARE, Brandt et al. (2009) found that intergenerational provision of physical care given to parents by their children is more common in countries of Southern Europe where formal support is less prevalent. Another study, based on the non-representative sample of 410 Latvian respondents, found that intergenerational help is the most prevalent among younger adults, both in terms of providing and receiving of functional support. Moreover, females are more likely to receive financial assistance more often than males (Dobelniece & Kuļigina, 2021). Using the data from the Netherlands Kinship Panel Study, Knijn and Liefbroer (2006) concluded that there is no decline in the exchange of instrumental support between parents and children. On the contrary, the exchange of support between siblings appeared less common for younger generations in terms of both receiving and providing of support (Dykstra et al., 2006).

Changes in demographic structure also affect the public and private intergenerational transfers. Silverstein (2006) shows that most Western governments have sought to reduce their commitment to their older populations and shift more responsibility to older individuals and their families. Under pressures of global mega trends, the role of governments in providing for its most vulnerable citizens has weakened. Following that, economic transfers between generations are far more likely to flow downward from parents to children than in the reverse direction. Two related models of reciprocal exchange have been used to describe the interdependence of generations in less developed nations: the mutual aid model and the corporate-group model. The mutual aid model emphasizes the functional unity of the family and specifies that intergenerational transfers are isomorphic with the needs and resources of each generation. A corporate model of transfers emphasizes the power of the household head to strategically allocate resources where they will produce the best benefit.

It is also important to look into the role of various types of transfers (financial and time) in building resilience of individuals. Previous research shows that individuals who can rely on the support (instrumental, emotional) from other people have greater subjective well-being than who do not have access to such support (Böhnke & Kohler, 2010; Heukamp & Ariño, 2011; Lim & Putnam, 2010; Uhlenberg & Mueller, 2003). Chu et al. (2023), using the data from the United States and Korea find out that there is a significant and positive associations between receiving emotional support from adult children and the well-being of older parents in both countries. At the same time, receiving financial from adult children is negatively associated with the subjective well-being of older American parents, while this association is positive but not statistically significant among older Korean parents. They also found that child-to-parent emotional contact significantly contributes to the subjective well-being of fathers, individuals not living with their children, and parents in higher income percentiles. In contrast, receiving financial transfers from adult children plays a significantly positive role in the well-being of older Korean mothers and parents in lower income percentiles.

Intergenerational relations and transfers of money and support play an important role in the subjective well-being of people of all ages. People aged 50 and over often provide care to their dependent adults, but they may also receive care from others as their health deteriorates with age. Giving and receiving personal care can therefore affect subjective quality of life. Previous studies have found that caring for dependent adults may be negatively associated with caregivers' mental and physical health, depression, loneliness and life satisfaction (Hajek & König, 2016; Marks, Lambert, & Choi, 2002; Montgomery, Rowe, & Kosloski, 2007; Schulz & Sherwood, 2008; Wagner & Brandt, 2015). It is worth stressing that the negative association between caregiving and caregivers' health and subjective well-being may be moderated by their individual characteristics, such as socioeconomic status, previous health status or level of social support. In other words, by factors that influence individual resilience. The exchange of care between individuals may also be positively associated with caregivers' quality of life (Hajek & König, 2016; Montgomery et al., 2007; van Broese Groenou, Boer, & Iedema, 2013), which may be influenced by the quality of the relationship between them, which is reflected in the broader dimension of satisfaction with the social network and social connectedness. It should also be borne in mind that receiving care has been found to be negatively associated with the subjective well-being of care recipients (Abramowska-Kmon, Łątkowski, & Rynko, 2023; Zwar, König, & Hajek, 2019), which may also be shaped by individual resilience.
These results highlight the importance of developing interventions tailored to specific countries and groups and effectively contributing to the resilience of older adults in diverse cultural and socioeconomic contexts. Attias-Donfut et al. (2005) using the SHARE data also show that there are important differences in the country patterns of intergenerational transfers. For example, in Grece respondents have the highest rates of financial transfers both given and received, Sweden has a low mean for financial transfers' give, and in France respondents report the highest means for the value of money received. These also indicate that the patterns of private transfers are shaped in a complex interplay, taking into account the welfare state, but also societal and cultural norms and characteristics. The challenge for Europe to build future resilience is therefore, among others, to integrate and coordinate private and public intergenerational transfers.

2. Intergenerational transfers in the generational accounts perspective

One of the analytical approaches that allows to measure the intergenerational transfers are generational accounts and national transfer accounts (NTA). The NTA approach (Lee and Mason, 2011) allows to measure various kinds of received and paid transfers of people at different ages.

In our analysis, we focus on private transfers – both in monetary terms, as well as time transfers, using the NTA estimates developed in the AGENTA project (Istenič et al, 2016). Monetary transfers were estimated for 2010 and time transfers were based on the results of the Time Use Surveys from around 2004 (Vargha et al, 2016). In both cases we take into account country and gender.

2.1. Monetary transfers

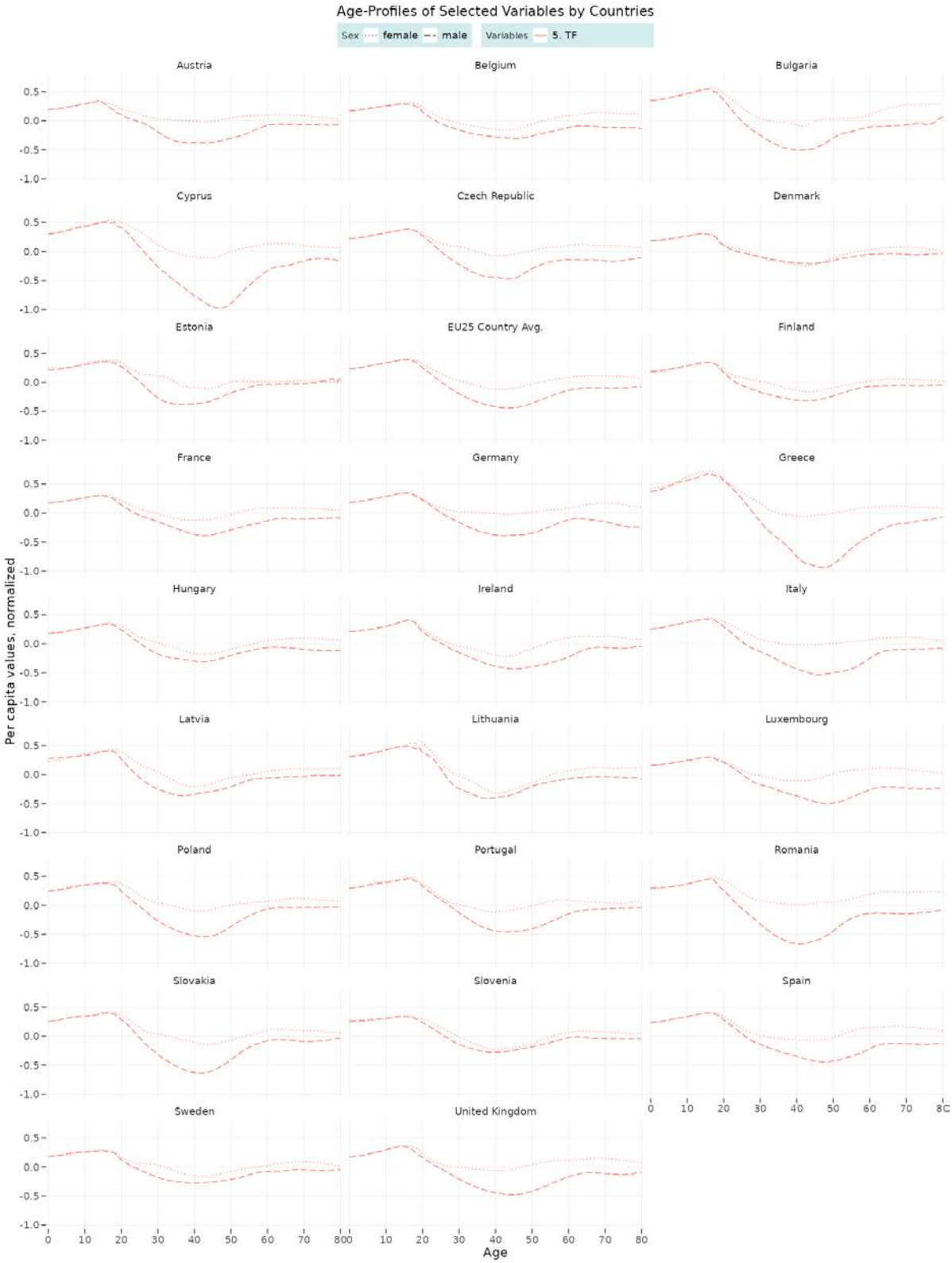
Figure 1 depicts the net monetary private transfers by age and gender by countries. The values are normalised, that is they show the transfers measured in relation to the average labour income of people aged between 30 and 49.

There are universal patterns that apply. First, private transfers play an important role in consumption smoothing – young people are the net beneficiaries of private transfers, while people in the working age are net payers of private transfers. Second, there is no gender difference for net transfers at younger ages – children benefit similarly from transfers provided by older generations. The peak of the net transfers received is accounted for the teenagers – between ages 12 and 17, when the net transfers received reach above 70% of the average wage income of people aged from 30 to 49 in Greece to slightly above 30% of the average wage income of people in this age group in Denmark. During the active age the net transfers are negative, as people become the net payers of transfers, both intergenerational (to children and also potentially parents) and intragenerational (from higher earners to lower earners, usually from men to women).

The peak of the transfers paid is observed for people in mid 40s, ranging from more than 95% of average wage income of people aged 30-49 in Cyprus and Greece to around 20% in Denmark in case of men. Women in working age are usually net payers, but the net transfers they pay are much smaller and range for women in mid 40s from around 30% of average wage income of people aged from 30 to 49 in Lithuania to almost negligible magnitude in Austria. Romania is an exception, as on average women are net receivers at all ages.

With age the gender differences emerge – women usually provide less transfers to others during working age, that is their negative net transfers are smaller compared to men. In many countries the gender gap is quite significant, particularly at the working age. During retirement, the gender gap remains, but the difference is becoming smaller. However, at older ages men are continuously net payers, while women become net receivers of private transfers. The consumption at later stages of life is financed mainly from public transfers, labour income, or savings. The gender difference, therefore, reflects higher public transfers (pensions) received by men compared to women, which results in the net private transfers paid by men and received by women.

Figure 1: Net private transfers by age and sex in the EU countries (2010)

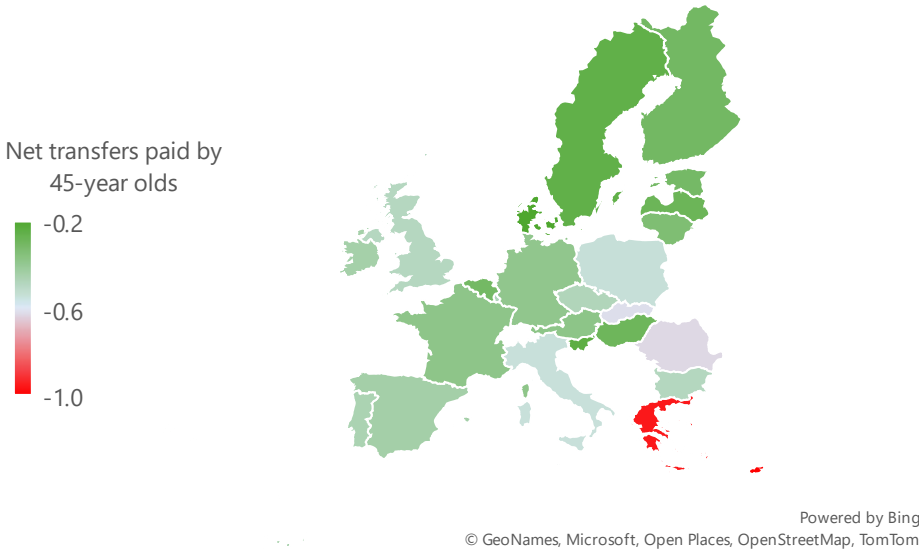


Source: Istenič et al, (2016)

There are also country differences, that are mainly related to the magnitude of net transfers, as well as gender gaps. With regards to the magnitude of private transfers (both net received and net paid) the country that stands out is Greece, with the highest relative transfers received by the youth and the highest relative transfers paid by men in the working age. Relative transfers paid by economical active men are smallest in the Nordic countries (Denmark, Sweden), but also Baltic countries (Estonia), and Slovenia (Map 1).

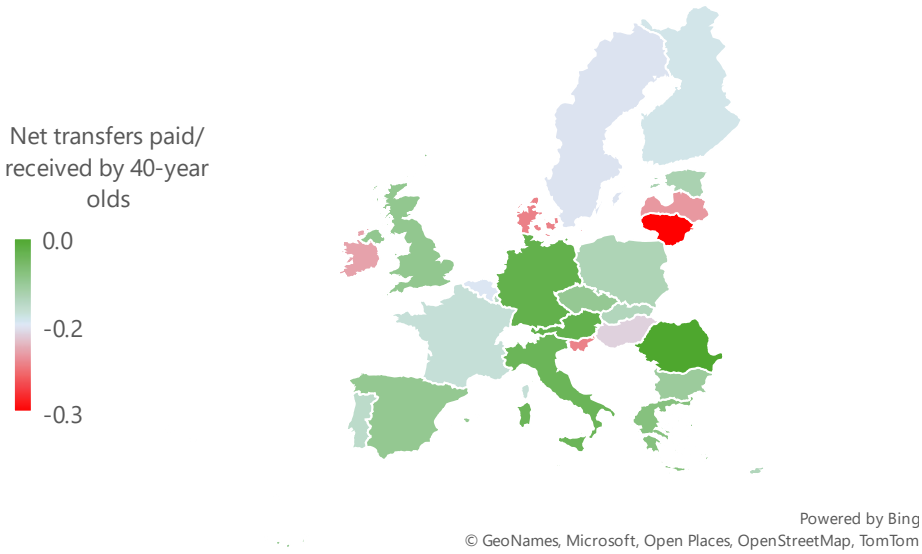
The distribution of net transfers paid is different when we look at women, as shown in the Map 2. Women at age 40 are highest net payers in Lithuania, Denmark, Slovenia, Latvia and Ireland. On the other hand, in Southern and Continental countries, where economic activity of women is smaller, women at age 40 are net receivers in Romania, or their net payment of private transfers is below 5% of average wage income of 30-49 year olds (in Germany, Austria, Italy, and Greece).

Map 1: Net private transfers paid by 45-year old men as a share of average labour income of people aged 30-49



Source: Istenič et al, (2016)

Map 2: Net private transfers paid by 40-year old women as a share of average labour income of people aged 30-49



Source: Istenič et al, (2016)

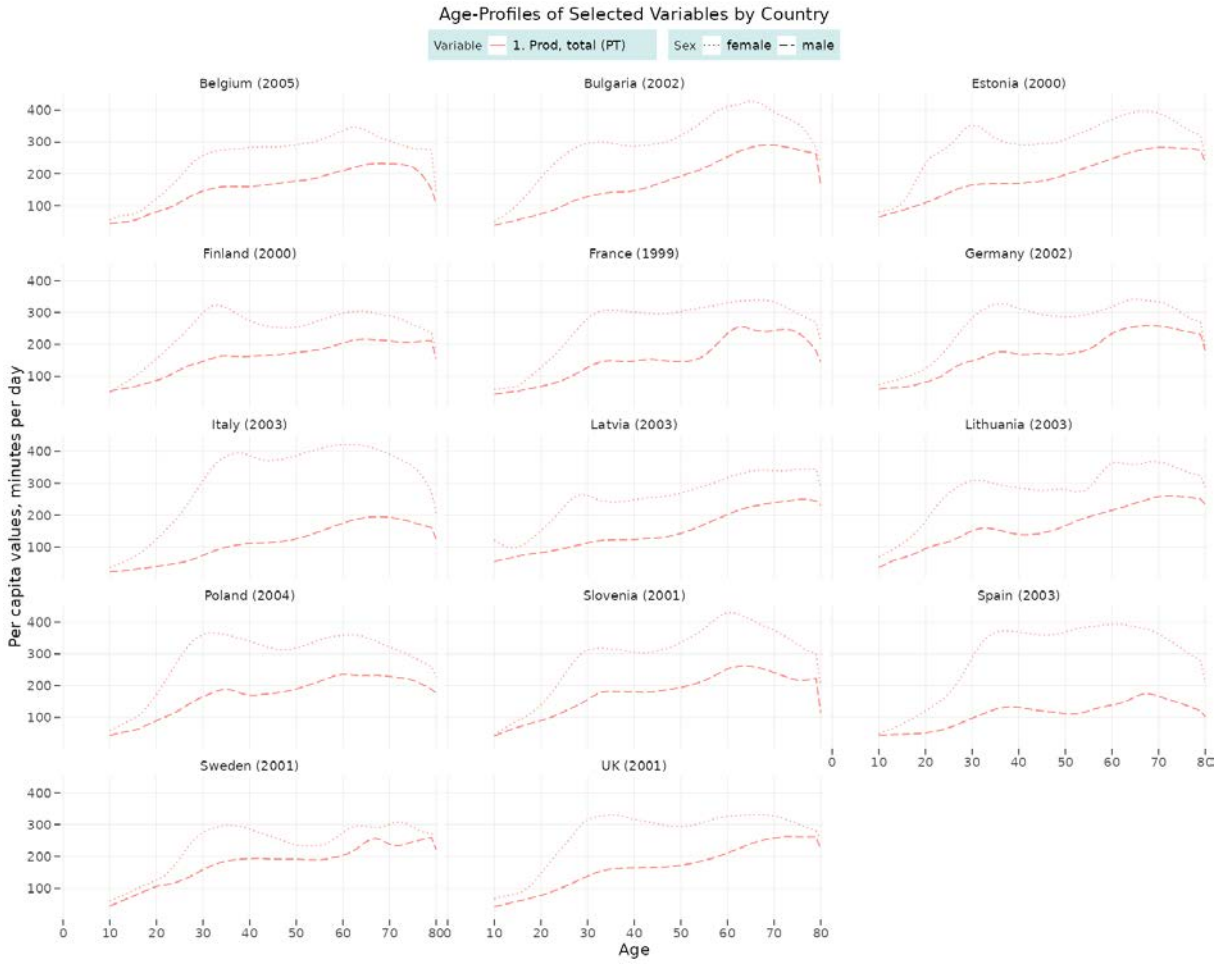
There are also some country differences observed at the later stages of the life course. However, the magnitude of the net private transfers is much smaller – at age 70 the net private transfer payments do not exceed 30% of the average labour income, including 23% in Luxembourg, 17% in Greece, and 16% in Cyprus. In Estonia, Latvia, Poland and Lithuania, the private transfers from men at this age are below 5% of the average labour income. At the same age, women are net receivers of private transfers that exceed 20% of average labour income in Bulgaria and Romania, while in Estonia and Portugal, these transfers are below 5% of average income.

2.2. Time transfers

As presented in the literature review emotional support plays an important role in building resilience. One of the potential indicators of provided emotional support are the time transfers. Figures 2 and 3 depict the age profiles of time of housework production and consumption by age for women and men, estimated in the harmonised way for the EU countries that participated in the Time Use Survey (Vargha et al, 2016).

As shown in Figure 2, women spend much more time compared to men on activities such as childcare, housework, or inter-household support. There are two visible peaks in the lifecourse. First, during the childbearing age, at which childcare is provided, and again around age 60-70, with more time devoted to housework, but also inter-household activities (i.e. providing care for elderly parents). Women in Germany, Italy and Poland are among those that devote more time to those activities, while household time production is smaller in Nordic countries – Sweden or Finland.

Figure 2: Time production by age and sex in selected EU countriesi

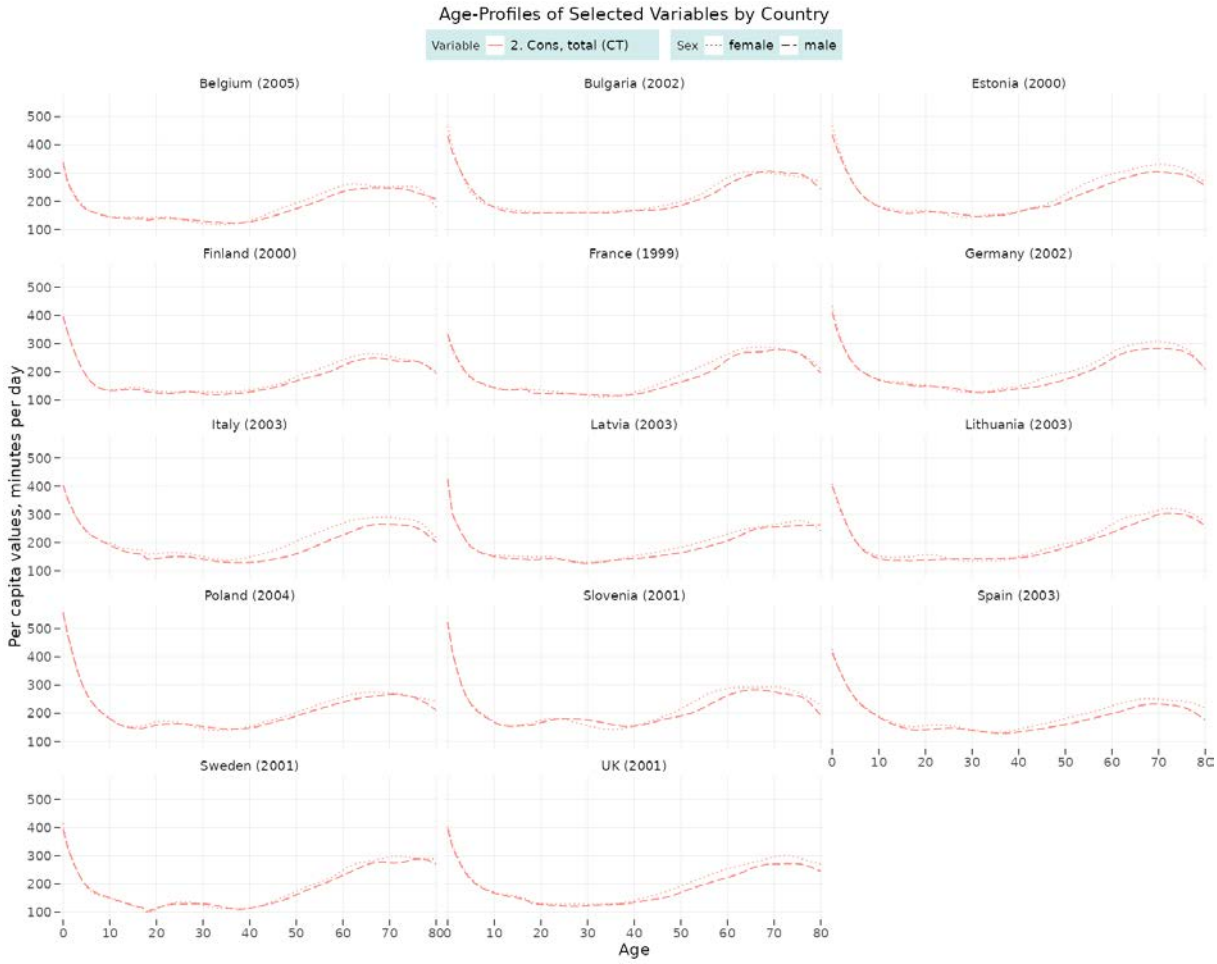


Source: Vargha et al (2016)

Men in all countries spend much less time on household activities, their time production increases after age 50, mainly on housework activities. The time production is highest in case of men living in Bulgaria and Estonia, while it is the lowest in Spain and Italy, where there are the largest gender gaps in the time housework production.

Contrary to the time production, the age profile of housework time consumption (Figure 3) indicates that there is a small gender gap, and the age is the most important determinant of household work consumption. The largest consumers of time are children, and time consumption increases again for people after age 50. The youngest children in Poland and Slovenia receive the largest time transfers, while among older people, the time consumption is the highest in Estonia, Bulgaria and Slovenia. Interestingly, in Sweden the time consumption is rising among the oldest people (above age 70).

Figure 3: Time consumption by age and sex in selected EU countries



Source: Vargha et al (2016)

3. Receiving and providing help during the adult lives: GGS

In this section we focus on the instrumental support, characterised with help in personal care or household tasks. Our aim is to investigate the association between various resilience markers and intergenerational support in housework work in Europe, we also present additional context of support in South America. The special attention is paid to accounting for regional (within-country) differences and the evolution of gender gaps in providing and receiving help in the household.

This study is based on individual-level data about respondents from 12 European countries (Argentina, Austria, Croatia, Czechia, Denmark, Estonia, Finland, Moldova, the Netherlands, Norway, the United Kingdom and Uruguay), obtained from the Gender and Generations Programme database (GGP, 2024). More specifically, the data was retrieved from Wave 1 of the second round of the Generations and Gender Survey (GGS-II) conducted between January 2020 and November 2023.

Additionally, regional-level information about 2020 Subnational Human Development Index (HDI) was retrieved from the Global Data Lab. This information reflects the social development level in subnational units of respondents' residence or place of birth. Respondents were

assigned to subnational units according to their region of sampling (variable region). In case of missing observations, this data was complemented with the information on respondent's region of birth (dem04a). Depending on the data availability, different NUTS levels were used for different countries. NUTS 2 level was applied for Austria, Croatia, Czechia, Denmark and Finland. NUTS 1 level was applied for the United Kingdom.

The descriptive statistics on providing and receiving help are presented in Table 1, where we divided GGS-II respondents by their sex and development level of their region of residence (or birth). Then, we performed a two-level logistic regression, explaining the likelihood of receiving help from (and providing help to) different generations. The binary dependent variable was equal to one for respondents indicating that their social network included at least one person, belonging to younger or older generation, from whom they received (or to whom they provided) help. The value of zero was assigned in all other cases, including people who received help from (or provided to) people belonging to the same generation. Because of the data availability constraints, help in household tasks received from (or given to) different (younger or older) generations was selected as the type of help reflecting a broader notion of the intergenerational help.

The econometric analysis accounts for respondent's country and the following characteristics:

- Sex;
- Age measured in 5-year age groups, including larger groups of respondents aged 65-74 and 75+;
- Educational attainment;
- Religiosity divided into low (0-2), average (3-7) and high (8-10);
- Life satisfaction divided into low (0-3), moderate (4-7) and high (8-10);
- Limitation of daily activities (ADL)– expressed as a binary equal to unity for respondents having at least one daily-living limitation;
- Depression scale, calculated according to the methodology applied by the Center for Epidemiologic Studies (CES).[1]

It should be noted that the econometric analysis was performed on two different sets of countries – the narrower one (including Austria, Croatia, Czechia, Denmark, Finland and the United Kingdom), as well as extended one (based on the data from all 12 European and South American countries). The means of this division was to enable the comparison between different sections of this paper based on the narrower dataset, including a narrower set of countries, as well as to draw additional conclusions from the analysis based on the extended dataset.

Shares of respondents from 12 analysed countries, providing or receiving housework help, divided by sex and social development level of the region of residence (or birth), are presented in Table 1. The division of regions into relatively high and relatively low developed ones was based on the 2020 Subnational HDI value. One third of respondents living in regions with the highest HDI level (exceeding 0.925) were classified as living in relatively more developed regions, whereas one third of respondents living in regions with the lowest HDI level (cut-off point was 0.856) were classified as living in less developed regions.

[1] Assigning numbers to responses to each of the five component questions and adding them up; numbers from 0 to 4 were assigned to answers "Never", "Sometimes", "Often" or "Most or all of the time" respectively; depression scale variable can take the values between 0 and 20.

Table 1 shows that the share of people receiving intergenerational help slightly decreases, and the share of people providing intergenerational help slightly increases, along with the increasing social development level. At the same time, the gap between women and men becomes narrower in case of the percentage of people receiving help and remains negligible – in case provision of intergenerational help.

Respondents classified as living in regions with the highest HDI level originated from 20 regions of 7 countries, while those classified as living in regions with the lowest HDI level originated from 19 of 6 countries. Importantly, basing the analysis in Table 1 on the regional rather than the national HDI index made it possible to avoid a situation in which groups of respondents came exclusively from only a few of the most developed among the 12 analysed countries, and thus to avoid the excessive dependence of distinguished groups on cultural conditions (for instance, on factors related to diverse South American culture).

Table 1. Percentages of people receiving or providing help and intergenerational help in housework tasks by the regional development level and sex

Social development level	Gender	Received help	Received intergenerational help	Received help from younger generations	Given help	Given intergenerational help	Given help to older generations
Highest regional HDI	Females (sample)	9.6% (14,544)	6.8% (14,655)	1.6% (13,364)	16.0% (13,956)	12.5% (14,071)	11.8% (14,111)
	Males (sample)	9.0% (10,233)	6.2% (10,264)	0.9% (9,401)	16.4% (9,763)	12.6% (9,819)	12.1% (9,930)
Lowest regional HDI	Females (sample)	13.0% (15,894)	9.2% (15,864)	5.3% (14,592)	17.4% (14,476)	11.9% (14,866)	9.5% (15,220)
	Males (sample)	12.1% (10,298)	7.5% (10,254)	3.1% (9,341)	18.9% (9,225)	11.8% (9,425)	9.9% (9,788)

Source: Authors' analyses based on GGS-II and Global Data Lab data.

The results of the two-level logistic regressions applied on the narrower set of 6 countries are presented in Table 2. The significance and values of coefficients from Table 2 indicate that each of the resilience markers included in the analysis (education, life satisfaction, ADL and depression) was more relevant in explaining the likelihood of being on the receiving rather than giving end of the intergenerational household-task help. Additional inclusion of the variable measuring the subjective financial wellbeing (not used in the main model due to the suspected problem of multicollinearity with life satisfaction) confirmed the high significance of resilience markers in explaining the odds of receiving intergenerational help rather than providing it.

More vulnerable (less resilient) and more religious respondents seem to receive intergenerational help more often. Lower education and life satisfaction, higher religiosity and worse physical and mental health seem to increase the likelihood of receiving the intergenerational help in household tasks. The situation is slightly different when it comes to odds of being a help provider. Respondents with the highest education level and lower religiosity are less likely to provide help. This indicates that religiosity can be a marker of

altruistic behaviours from the perspective of providing support to others. Results related to education require further analysis – they can indicate that higher human capital may be associated with a higher engagement, among others, in economic activity, which reduces willingness or opportunities to provide support to others. At the same time, the odds of being a help provider increase for people suffering from worsened physical and mental health. Given the strong association between social loneliness and mental health, the latter result might be partially related to people with health issues striving to actively enhance their social bonds or reciprocating help they received from others.

Furthermore, the higher the social development level of respondents' region of residence, the lower the likelihood of being either a housework help receiver or provider. This result seems to be confirmed to a high extent by the comparison of the analysed countries: Respondents from Austria, Croatia, the Czech Republic and Finland are more likely to receive help than respondents from Denmark, country of the highest social development level among the analysed group. The United Kingdom seems to slightly break away from this trend but with a relatively higher standard error. Meanwhile, respondents from all of the remaining five countries have lower odds of being providers of intergenerational help than Danish respondents.

Results of the analysis for age groups has led to unexpected results. Taking the group of people aged 40-44 as a reference one indicated that younger people are more likely to receive intergenerational help in household tasks than older people. This outcome changed only for the group of people aged 75+ for which the estimate was positive but statistically insignificant. This indicates that the oldest groups potentially get help more often than middle-aged adults, which is in line with presented results of the generational time transfer accounts. Different pattern is observed for providing help – with people aged below 30 and between ages of 45 and 64 being housework help providers more often than the group aged 40-44, which again is consistent with time transfers assessment.

Interestingly, before accounting for the interaction between sex and country variables, sex, was insignificant in explaining intergenerational help in both models. However, after adding separate interaction variables of sex with country of residence, males turned out more likely to receive and provide household help than females.

The results related to interaction effects indicate that the between-gender difference in the likelihood of receiving or giving intergenerational help is smaller in countries of the lower social development level. Assuming the lack of endogeneity bias, interaction terms indicate that this lower between-gender difference is driven by two factors. Firstly, the positive effect of being Croatian or Czech (compared to being Danish) on being a help receiver is significantly stronger among females as compared to males. Secondly, the negative effect of being Croatian, Finnish or British (compared to being Danish) on being a help provider is significantly weaker among females as compared to males.

Table 2. Results of logit models for variables describing providing and receiving intergenerational help in housework tasks (6 countries)

Variables	Receiving help from younger or older generations	Giving help to younger or older generations
Age (ref.: 40-44)		
19-24	1.179***	0.407***
	(0.0810)	(0.0756)
25-29	0.448***	0.245***
	(0.0866)	(0.0743)
30-34	0.204**	-0.0546
	(0.0887)	(0.0766)
35-39	0.240***	-0.100
	(0.0868)	(0.0759)
45-49	-0.0363	0.144**
	(0.0909)	(0.0722)
50-54	-0.174*	0.379***
	(0.0965)	(0.0750)
55-59	-0.317**	0.651***
	(0.123)	(0.0913)
60-64	-0.497**	0.653***
	(0.224)	(0.139)
65-74	-0.397*	-0.169
	(0.232)	(0.190)
75+	0.482	0.517
	(1.090)	(1.100)
Sex (ref.: Male)	-0.286**	-0.138*
	(0.134)	(0.0837)
Education (ref.: Upper or post-secondary)		
Pre-primary, primary or lower secondary	0.225***	-0.138*
	(0.0822)	(0.0827)
Tertiary	-0.113**	-0.0722*
	(0.0490)	(0.0413)
Religiosity (ref.: Low)		
Average	0.191***	0.199***
	(0.0492)	(0.0429)
High	0.207***	0.328***
	(0.0674)	(0.0586)
Life satisfaction (ref.: Moderate)		
Low	0.190*	0.0225
	(0.110)	(0.106)
High	-0.0875*	-0.0386
	(0.0505)	(0.0438)
ADL (ref.: No everyday limitations)	0.315***	0.109**
	(0.0494)	(0.0443)
Depression scale	0.0377***	0.0343***

Variables	Receiving help from younger or older generations	Giving help to younger or older generations
	(0.00911)	(0.00827)
Regional HDI 2020	-1.963**	-3.277***
	(0.843)	(0.707)
Country (ref.: Denmark)		
Austria	0.391***	-0.962***
	(0.125)	(0.143)
Croatia	0.699***	-0.301***
	(0.141)	(0.106)
Czechia	0.0652	-0.855***
	(0.146)	(0.107)
Finland	0.551***	-0.313***
	(0.140)	(0.106)
United Kingdom	-0.333**	-1.377***
	(0.142)	(0.104)
Sex(ref.: Male)#Country (ref.: Denmark)		
Austria	0.208	0.160
	(0.164)	(0.183)
Croatia	0.449***	0.301***
	(0.157)	(0.110)
Czechia	0.672***	0.148
	(0.177)	(0.125)
Finland	0.209	0.225*
	(0.186)	(0.137)
United Kingdom	0.277	0.301**
	(0.183)	(0.128)
Constant	-1.477*	1.286*
	(0.805)	(0.673)
Observations (first level)	27,092	22,872
NUTS 2 regions (second level)	36	36

Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

Source: Authors' analyses based on GGS-II and Global Data Lab data.

The aforementioned results can be examined owing to an additionally performed analysis involving a larger set of 12 countries (participants to GGS-II survey): Argentina, Austria, Croatia, Czechia, Denmark, Estonia, Finland, Moldova, the Netherlands, Norway, the United Kingdom and Uruguay (Table 3).

In the extended analysis, the lower gender difference in the likelihood of receiving or giving intergenerational help in countries of the lower social development is confirmed especially in the context of the negative effect on being a help provider which is weaker among females for additional countries – Netherlands and Uruguay (apart from Croatia, Finland and the United Kingdom). Nevertheless, the positive effect on being a help receiver being stronger for females

is only somewhat confirmed for Argentina, Moldova, the Netherlands and Uruguay (apart from Croatia and Czechia). Results for Estonia seem to contradict especially the former trend. In short, the lower gender difference in the likelihood of receiving or giving help in less developed regions seems to be mainly driven by a higher likelihood of females to be help providers in less highly developed societies. It seems also partially driven by a higher likelihood of females to be help receivers in less highly developed societies, but these conclusions are not geographically universal or unequivocal.

Bearing in mind the more general outcome about males being more often help providers (negative coefficient of the variable differentiating between sexes) and the conclusion about more frequent provision of help in more highly socially developed countries, the aforementioned result is probably associated with the increased role of males in providing intergenerational help in housework tasks. This might be related to increased homogeneity of gender roles in the household in more developed countries. As can be deduced from Table 1, the shift to household help being provided mainly by males in more developed regions is partly driven by the help provided by older to younger generations and partly by help provided by younger to older generations.

The extended analysis from Table 3 indicates as well that the negative association between education level and receiving or providing intergenerational help is mainly driven by two effects: the most educated individuals being less likely to receive help and the least educated individuals being less likely to provide help in household tasks. Extension of the set of countries resulted as well in the loss of significance of the variable reflecting the regional HDI. Thus, the variable seems to account for the same factors as pure fixed effects in the second level of the two-level regression.

Table 3. Results of logit models for variables describing providing and receiving intergenerational help in housework tasks (12 countries)

Variables	Receiving help from younger or older generations	Giving help to younger or older generations
Age (ref.: 40-44)		
19-24	1.023***	0.415***
	(0.0614)	(0.0563)
25-29	0.336***	0.172***
	(0.0667)	(0.0573)
30-34	0.202***	0.0185
	(0.0667)	(0.0572)
35-39	0.230***	-0.0582
	(0.0654)	(0.0571)
45-49	-0.153**	0.164***
	(0.0709)	(0.0549)
50-54	-0.227***	0.405***
	(0.0728)	(0.0547)
55-59	-0.310***	0.546***
	(0.0823)	(0.0593)
60-64	-0.0988	0.262***

Variables	Receiving help from younger or older generations	Giving help to younger or older generations
	(0.0974)	(0.0758)
65-74	0.370***	-0.301***
	(0.0812)	(0.0813)
75+	0.564***	-1.072***
	(0.118)	(0.185)
Sex (ref.: Male)	-0.299**	-0.143*
	(0.134)	(0.0835)
Education (ref.: Upper or post-secondary)		
Pre-primary, primary or lower secondary	-0.0344	-0.133***
	(0.0471)	(0.0431)
Tertiary	-0.0741**	-0.0298
	(0.0371)	(0.0309)
Religiosity (ref.: Low)		
Average	0.135***	0.193***
	(0.0371)	(0.0315)
High	0.247***	0.313***
	(0.0475)	(0.0412)
Life satisfaction (ref.: Moderate)		
Low	0.137*	-0.0201
	(0.0835)	(0.0797)
High	-0.0500	0.00523
	(0.0357)	(0.0309)
ADL (ref.: No everyday limitations)	0.402***	0.172***
	(0.0359)	(0.0316)
Depression scale	0.0438***	0.0303***
	(0.00616)	(0.00563)
Regional HDI 2020	0.0965	-0.221
	(0.956)	(1.203)
Country (ref.: Denmark)		
Argentina	-0.251	-0.828***
	(0.257)	(0.295)
Austria	0.402**	-0.850***
	(0.164)	(0.217)
Croatia	0.841***	-0.0263
	(0.172)	(0.196)
Czech Republic	0.0634	-0.625***
	(0.168)	(0.172)
Estonia	-0.304*	-0.655***
	(0.173)	(0.184)
Finland	0.478***	-0.319*
	(0.170)	(0.180)
Moldova	-0.261	-0.946***
	(0.229)	(0.266)

Variables	Receiving help from younger or older generations	Giving help to younger or older generations
Netherlands	0.105	-0.977***
	(0.161)	(0.174)
Norway	-0.461***	-1.067***
	(0.179)	(0.171)
United Kingdom	-0.363**	-1.260***
	(0.161)	(0.156)
Uruguay	-0.0729	-1.188***
	(0.204)	(0.232)
Sex(ref.: Male)#Country (ref.: Denmark)		
Argentina	0.685***	0.0289
	(0.231)	(0.175)
Austria	0.212	0.167
	(0.164)	(0.183)
Croatia	0.434***	0.297***
	(0.156)	(0.110)
Czech Republic	0.655***	0.154
	(0.176)	(0.125)
Estonia	0.435**	-0.198*
	(0.175)	(0.116)
Finland	0.222	0.226*
	(0.185)	(0.137)
Moldova	0.513***	0.00807
	(0.163)	(0.116)
Netherlands	0.453***	0.342***
	(0.169)	(0.121)
Norway	0.247	0.137
	(0.208)	(0.146)
United Kingdom	0.287	0.300**
	(0.183)	(0.128)
Uruguay	0.477***	0.307**
	(0.165)	(0.123)
Constant	-3.376***	-1.627
	(0.909)	(1.138)
Observations (first level)	60,063	55,422
NUTS 2 regions (second level)	64	64

Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

Source: Authors' analyses based on GGS-II and Global Data Lab.

4. Receiving and providing help at later stages of adult lives: SHARE

The main aim of this section is the analysis of receiving care and providing it (to adults or to grandchildren) taking into account the markers resilience of people aged 50+.

4.1. Data and method

Data

We used the 9th wave of the Survey of Health, Ageing and Retirement in Europe (SHARE) conducted in 2021/2022 (Bergmann, Wagner, & Börsch-Supan, 2024; Börsch-Supan et al., . The original database contained information on 72,596 respondents aged 50 and over and their partners. For purpose of our analysis we limited the sample to individuals aged 50+ with no missing values and the final analytical sample included 39,570 respondents in 28 countries, including 27 European countries: Austria, Germany, Sweden, Netherlands, Spain, Italy, France, Denmark, Greece, Switzerland, Belgium, Czechia, Poland, Luxembourg, Hungary, Portugal, Slovenia, Estonia, Croatia, Lithuania, Bulgaria, Cyprus, Finland, Latvia, Malta, Romania, Slovakia, as well as Israel.

Variables and model

Dependent variables in the models. The dependent variables in the models describe the fact of receiving or giving informal care to adults or grandchildren. For all variables, care given or received can be regular (daily) or less frequent and is binary.

Variables in Regression Modelling. We controlled for basic socio-demographic characteristics of the respondents (such as gender, age, presence of a cohabiting partner, level of education, employment status, presence of children in the social network, household size), variables describing social connectedness and satisfaction with the social network and European region (Northern Europe, Western Europe, Southern Europe and Central-Eastern Europe). The key explanatory variable is based on membership of a class describing resilience. The approach is similar to that presented in Abramowska-Kmon, Chełchowska, Piotrowski and Strzelecki (2024). Specifically, we used latent class modelling to group individuals into homogeneous classes describing resilience. To do this, we used the following variables describing psychological well-being (CASP-12 measure, short version of the UCLA loneliness scale, and depression level based on the EURO-D scale), health status (1+ ADL limitations, having at least two chronic diseases, having limitations in activities (GALI)), and subjective financial situation based on the household's ability to make ends meet. This variable has five classes, which can be characterised as follows:

- Class 1: Best overall health, well-being, and financial situation;
- Class 2: Second best overall, but worse physical health;
- Class 3: Good physical and mental health but worse financial situation;
- Class 4: Bad physical health, activity limitations and chronic diseases, combined with poorer financial situation and low quality of life;
- Class 5: Difficult financial situation, limitations in activities, the highest depression and loneliness scale and the lowest quality of life.

The higher the class, the worse the situation in terms of resilience. The detailed results of the latent class analysis for the resilience classes are presented in the Appendix.
Given the character of the dependent variables, logistic regression models were used.

4.2. Results

Table 4 presents the results of logistic regression models for the three dependent variables describing the provision and receipt of informal care. Below we present only the significant estimates.

The results of Model 1 show that the probability of receiving care from someone increased with age and that men were less likely to receive care than women. People living with a partner were less likely to receive it than those living alone or with someone other than a partner. People with higher levels of education were less likely to receive care than those with lower levels of education. Those employed were more likely to receive informal care compared to those not employed. Adults aged 50+ living with others in the same household were less likely to receive care than those living alone. Social network connectedness and social network satisfaction were associated with a higher likelihood of receiving informal care. Having children in one's social network increased the chances of receiving informal care, while their absence was associated with a lower likelihood of receiving care as compared to those with no children at all. In terms of European regions, people living in Northern and Western European countries were more likely to receive informal care, while those living in Southern European countries were less likely to receive informal care than those living in CEE countries. Finally, belonging to the higher resilience classes was associated with a greater likelihood of receiving informal care.

The results of Model 2 show that the likelihood of caring for adults decreases with age and that men are more likely to provide care than women. This result is rather surprising, as previous research has shown that women are more likely to be carers. This may be related to the fact that this variable covers both regular (daily) care and occasional care once a week. People with higher levels of education were more likely to provide care than those with lower levels of education. People in employment were less likely to provide informal care than people not in employment. Social network connectedness were associated with a higher likelihood of providing informal care. People without children in their social networks were more likely to provide adult care than those without children. Individuals living in Northern and Western European countries were more likely to provide informal care than those living in CEE countries. Last, belonging to the higher resilience classes (especially 3rd and 5th) was associated with a lower likelihood of providing informal care to adults.

The results of Model 3 show that the likelihood of caring for grandchildren decreased with age and that males were less likely to do so than women. Living with a partner increased the chances of caring for grandchildren. People with a tertiary education were more likely to look after grandchildren than those with the lowest level of education. Being in employment reduced the likelihood of caring for grandchildren in comparison with those not in employment. Those living in two-person households were more likely to be involved in grandchild care, while those in larger households were less likely to be doing so than those in single-person households. Social network connectedness and social network satisfaction were associated with a higher likelihood of caring for grandchildren. Having children (regardless of whether they were in one's own social network) increased the likelihood of looking after grandchildren compared to those without children. Across European regions, people living in Northern, Western and Southern

Europe were more likely to care for grandchildren than those in CEE. Finally, belonging to the higher resilience classes was associated with a lower likelihood of caring for grandchildren.
In conclusion, our results seem to show that belonging to a lower resilience class is associated with being more dependent on help from others and less inclined to provide support to others (both adults and grandchildren). Thus, in order to improve inter- and extragenerational support, resilience, its components and the factors that influence it (education, employment, etc.) should be a priority for social policy.

Table 4: Results of logit regression models for variables describing providing and receiving care

	Model 1 Receiving care from someone	Model 2 Giving care to adults	Model 3 Providing care to grandchildren
Age (in Yrs)	0.048***	-0.047***	-0.081***
	(0.002)	(0.002)	(0.002)
Sex (ref. Male)	-0.106***	0.108***	-0.197***
	(0.028)	(0.025)	(0.026)
Has Coresident Partner (ref. No)	-0.220***	-0.032	0.279***
	(0.040)	(0.040)	(0.041)
Educational level (ref. Primary or Less)			
Lower Secondary	-0.108**	0.035	-0.074
	(0.045)	(0.048)	(0.048)
Upper-Post Secondary	-0.149***	0.128***	0.049
	(0.040)	(0.043)	(0.043)
Tertiary	-0.178***	0.302***	0.217***
	(0.044)	(0.045)	(0.046)
Employed (ref. Not employed)	0.129***	-0.125***	-0.679***
	(0.049)	(0.037)	(0.040)
Household Size (ref. 1 Person)			
2 People	-0.408***	0.025	0.269***
	(0.043)	(0.043)	(0.045)
3+ People	-0.566***	-0.074	-0.234***
	(0.054)	(0.052)	(0.057)
Scale of Social Connectedness	0.299***	0.448***	0.258***
	(0.017)	(0.016)	(0.017)
Social Network	0.067***	0.015	0.076***

	Model 1 Receiving care from someone	Model 2 Giving care to adults	Model 3 Providing care to grandchildren
Satisfaction			
	(0.011)	(0.011)	(0.012)
Children in Social Network (ref. No Children)			
Has Children in Social Network	0.104**	0.024	4.328***
	(0.047)	(0.046)	(0.226)
Has Children, not in Social Network	-0.061	0.164***	4.268***
	(0.053)	(0.049)	(0.228)
European regions (ref. CEE countries)			
Northern European countries	0.330***	0.741***	0.442***
	(0.037)	(0.035)	(0.036)
Southern European countries	-0.440***	-0.067	0.188***
	(0.042)	(0.041)	(0.040)
Western European countries	0.353***	0.768***	0.440***
	(0.034)	(0.032)	(0.033)
Class of resilience (ref. 1st Class)			
2nd class	0.893***	-0.011	-0.259***
	(0.036)	(0.034)	(0.036)
3rd class	0.802***	-0.131***	-0.126***
	(0.033)	(0.030)	(0.030)
4th class	1.563***	-0.097	-0.461***
	(0.053)	(0.059)	(0.061)
5th class	1.488***	-0.172***	-0.654***
	(0.055)	(0.063)	(0.071)
Intercept	-6.088***	0.684***	-1.076***
	(0.184)	(0.177)	(0.291)
N	39570	39570	39570
Pseudo R-squared	.124	.0817	.136

Standard errors in parentheses
* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$
Source: Authors' calculations based on SHARE data.

Conclusions

The aim of this analysis was to investigate the intergenerational transfers in the European countries, as well as association between resilience markers and intergenerational support received and provided.

We have shown that intergenerational money and time transfers differ between countries. In Southern countries men provide mainly monetary transfers to both younger and older generations, while women are the main source of time transfers, particularly to children and youth, but also to older generations. In Scandinavian countries, the gender gaps in the net monetary transfers is much smaller. Generational accounts also reveal that men are net transfer providers also at older ages, where their consumption is financed from public transfers and savings. Women, on the other hand, are net receivers of (relatively small) private transfers at the old age.

Our statistical analysis of GGS data showed that the share of people in active age receiving help decreases and the share of people providing intergenerational help increases, along with the social development level. Multilevel regressions indicated that each of the tested resilience markers (education, life satisfaction, ADL and depression) was more relevant in explaining the likelihood of being on the receiving rather than giving end of the intergenerational household-task help. Less resilient and more religious respondents seem to receive intergenerational help more often. Medium or low education, lower life satisfaction, higher religiosity and worse physical and mental health seem to increase the likelihood of receiving the intergenerational help in household tasks. Respondents with the lowest education level and lower religiosity are less likely to give help. Meanwhile, the likelihood of being a help provider increases for people suffering from worsened physical and mental health.

Using the data from 12 countries participating in the GGS-II survey, their regional disaggregation, and calculation of interaction effects in the econometric analysis, led to a conclusion that higher development level likely goes in line with a shift in the provision of intergenerational household help which goes from women being net providers in less developed regions to men being net providers in more developed regions. The observed difference is, however, only marginal. At the same time, referring to the econometric analysis, between-gender difference in the likelihood of receiving or giving intergenerational help was found to be relatively high in countries of the higher social development level. This outcome is a result based on a comparison of Denmark with less developed countries in the regression model and such widening of a gender gap in more developed regions was not observed when looking into the descriptive characteristics, as the gap is rather narrowed down for highly developed regions.

In the case of older people, using SHARE data, we show that receiving care can be associated with characteristics of lower resilience. Higher social capital, measured by social connectedness and social network, increases chances of both receiving and providing care, which is in line with the theoretical framework that we followed. Furthermore, care is provided to people that belong to latent classes with lower resilience, while at the same time reduced resilience leads to lower probability of providing care both to adults and grandchildren. People

living in Northern and Western European countries, compared to those from Central and Eastern Europe, are more likely to provide care.

Future research can incorporate longitudinal data and focus on different kinds of intergenerational help in more detail, distinguishing between help provided to (or received from) older or younger generations in a multinomial type of the analysis. Moreover, this study accounted only for help in household tasks and, for instance, not for personal care, which can be explored in future analyses.

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References

Abramowska-Kmon, A, M.Chełchowska, M.Piotrowski, P.Strzelecki (2024). Lifecourse employment patterns and resilient adult-stage life.

Abramowska-Kmon, A., Łątkowski, W., & Rynko, M. (2023). Informal Care and Subjective Well-Being among Older Adults in Selected European Countries. *Ageing International*, *48*(4), 1163–1189. https://doi.org/10.1007/s12126-023-09521-0

Albertini, M., Kohli, M., & Vogel, C. (2007). Intergenerational transfers of time and money in European families: common patterns — different regimes? *Journal of European Social Policy*, *17*(4), 319-334. https://doi.org/10.1177/0958928707081068

Arthur, Brian, W., Geoffrey McNicoll (1978). Samuelson, Population and Intergenerational Transfers. International Economic Review , Feb., 1978, Vol. 19, No. 1 (Feb., 1978), pp. 241- 246

Attias-Donfut, C., Ogg, J., & Wolff, F.-C. (2005). European patterns of intergenerational financial and time transfers. European Journal of Ageing, 2(3), 161–173. https://doi.org/10.1007/s10433-005-0008-7

Beck, U. (2001). Risikogesellschaft: Auf dem Weg in eine andere Moderne. Suhrkamp.

Bengtson, V. L., & Roberts, R. E. L. (1991). Intergenerational Solidarity in Aging Families: An Example of Formal Theory Construction. Journal of Marriage and the Family, 53(4), 856–870. https://doi.org/10.2307/352993

Blackburn, K., & Cipriani, G. P. (2005). Intergenerational transfers and demographic transition. Journal of Development Economics, 78(1), 191–214. https://doi.org/10.1016/j.jdeveco.2004.08.003

Böhnke, P., & Kohler, U. (2010). Well-Being and Inequality. In S. Immerfall & G. Therborn (Eds.), *Handbook of European Societies* (pp. 629–666). New York, NY: Springer New York. https://doi.org/10.1007/978-0-387-88199-7_20

Brandt, M., & Deindl, C. (2013). Intergenerational Transfers to Adult Children in Europe: Do Social Policies Matter? Journal of Marriage and Family, 75(1), 235–251. https://doi.org/10.1111/j.1741-3737.2012.01028.x

Brandt, M., Haberkern, K., & Szydlik, M. (2009). Intergenerational Help and Care in Europe. European Sociological Review, 25(5), 585–601. https://doi.org/10.1093/esr/jcn076

Chu, L., Joly, E., & Moisan, M.-G. (2023). Child-to-parent intergenerational support and its association with subjective well-being among older adults: A cross-national comparison of American and Korean parents. Wellbeing, Space and Society, 5, 100177. https://doi.org/10.1016/j.wss.2023.100177

Dobelniece, S., & Kuļigina, N. (2021). Intergenerational Functional Solidarity in the Family: The Case of Latvia. Filosofija. Sociologija, 32(4). https://doi.org/10.6001/fil-soc.v32i4.4620

Dykstra, P., Kalmijn, M., Knijn, T., Komter, A., Liefbroer, A., & Mulder, C. (2006). Family solidarity in the Netherlands. Dutch University Press.

Egeland, B., Carlson, E., & Sroufe, L. A. (1993). Resilience as process. Development and Psychopathology, 5(4), 517–528. https://doi.org/10.1017/S0954579400006131

Friborg, O. (2005). Validation of [a] scale to measure resilience in adults. Department of Psychology, Faculty og social Sciences, University of Tromsø.

Furstenberg, F. F. (2005). Banking on Families: How Families Generate and Distribute Social Capital. Journal of Marriage and the Family, 67(4), 809–821. https://doi.org/10.1111/j.1741-3737.2005.00177.x

Hajek, A., & König, H.-H. (2016). The Effect of Intra- and Intergenerational Caregiving on Subjective Well-Being--Evidence of a Population Based Longitudinal Study among Older Adults in Germany. *PloS One*, *11*(2), e0148916. https://doi.org/10.1371/journal.pone.0148916

Hawley, D. R., & DeHaan, L. (1996). Toward a definition of family resilience: Integrating life-span and family perspectives. Family Process, 35(3), 283–298. https://doi.org/10.1111/j.1545-5300.1996.00283.x

Heukamp, F. H., & Ariño, M. A. (2011). Does Country Matter for Subjective Well-Being? *Social Indicators Research*, *100*(1), 155–170. https://doi.org/10.1007/s11205-010-9610-y

Hjemdal, O., Friborg, O., Martinussen, M., & Rosenvinge, J. H. (2001). Preliminary results from the development and validation of a Norwegian scale for measuring adult resilience. Journal of the Norwegian Psychological Association, 38, 310–317. https://www.researchgate.net/publication/284651988_Preliminary_results_from_the_development_and_validation_of_a_Norwegian_scale_for_measuring_adult_resilience

Istenič, T., Hammer, B., Šeme, A., Lotrič Dolinar, A., & Sambt, J. (2016). European National Transfer Accounts. Available at: http://www.wittgensteincentre.org/ntadata.

Krimbas, C. B. (2004). On fitness. Biology & Philosophy, 19(2), 185–203. https://doi.org/10.1023/B:BIPH.0000024402.80835.a7

Lavee, Y., McCubbin, H. I., & Olson, D. H. (1987). The Effect of Stressful Life Events and Transitions on Family Functioning and Well-Being. Journal of Marriage and the Family, 49(4), 857. https://doi.org/10.2307/351979

Lee, R.D. (2007). Demographic change, welfare, and intergenerational transfers: a global overview. In: J. Véron, S. Pennec and J. Légaré (eds.), Ages, Generations and the Social Contract: The Demographic Challenges Facing the Welfare State, 17–43. Springer

Lee, R.D., A.Mason (2011). Population aging and the generational economy: A global perspective. Edward Elgar Publishing

Lim, C., & Putnam, R. D. (2010). Religion, Social Networks, and Life Satisfaction. *American Sociological Review*, *75*(6), 914–933. https://doi.org/10.1177/0003122410386686

Luthar, S. S. (Ed.). (2012). Resilience and vulnerability: Adaptation in the context of childhood adversities. Cambridge University Press.

Marks, N. F., Lambert, J. D., & Choi, H. (2002). Transitions to Caregiving, Gender, and Psychological Well-Being: A Prospective U.S. National Study. *Journal of Marriage and Family*, *64*(3), 657–667.

McCubbin, H. I., & McCubbin, M. A. (1988). Typologies of Resilient Families: Emerging Roles of Social Class and Ethnicity. Family Relations, 37(3), 247. https://doi.org/10.2307/584557

Montgomery, R. J., Rowe, J. M., & Kosloski, K. (2007). Family Caregiving. In *Handbook of gerontology: evidence-based approaches to theory, practice, and policy* (pp. 426–454). John Wiley & Sons. https://doi.org/10.1002/9781118269640.ch16

Motel-Klingebiel, A., Tesch-Roemer, C., & Kondratowitz, H.-J. von (2003). The role of family for quality of life in old age. Global Aging and Challenges to Families, 327–354.

Nadrowska, N., Błażek, M., & Lewandowska-Walter, A. (2017). Family resilience – definition of construct and preliminary results of the Polish adaptation of the Family Resilience

Assessment Scale (FRAS). Current Issues in Personality Psychology, 5(4), 313–322. https://doi.org/10.5114/cipp.2017.67895

Rutter, M. (1990). Commentary: Some focus and process considerations regarding effects of parental depression on children. Developmental Psychology, 26(1), 60–67. https://doi.org/10.1037/h0092669

Schulz, R., & Sherwood, P. R. (2008). Physical and mental health effects of family caregiving. *The American Journal of Nursing*, *108*(9 Suppl), 23–27.

Silverstein, Merril (2006). Intergenerational Family Transfers in Social Context in: Robert H. Binstock, Linda K. George, Stephen J. Cutler, Jon Hendricks, James H. Schulz (eds.) Handbook of Aging and the Social Sciences (Sixth Edition), Academic Press, 2006, pp 165-180, https://doi.org/10.1016/B978-012088388-2/50013-4.

Sroufe, L. A. (1979). The coherence of individual development: Early care, attachment, and subsequent developmental issues. American Psychologist, 34(10), 834–841. https://doi.org/10.1037/0003-066X.34.10.834

Uhlenberg, P., & Mueller, M. (2003). Family Context and Individual Well-Being. In J. T. Mortimer & M. J. Shanahan (Eds.), *Handbook of the Life Course*. New York: Kluwer Academic/Plenum Publishers.

Van Broese Groenou, M. I., Boer, A. de, & Iedema, J. (2013). Positive and negative evaluation of caregiving among three different types of informal care relationships. *European Journal of Ageing*, *10*(4), 301–311. https://doi.org/10.1007/s10433-013-0276-6

van de Kaa, D. J. (1987). Europe's second demographic transition. Population Bulletin, 42(1), 1–59.

Vargha, L., Šeme, A., Gál, R., I., Hammer, B., Sambt, J. (2016): European National Time Transfer Accounts. Available at: http://www.wittgensteincentre.org/ntadata.

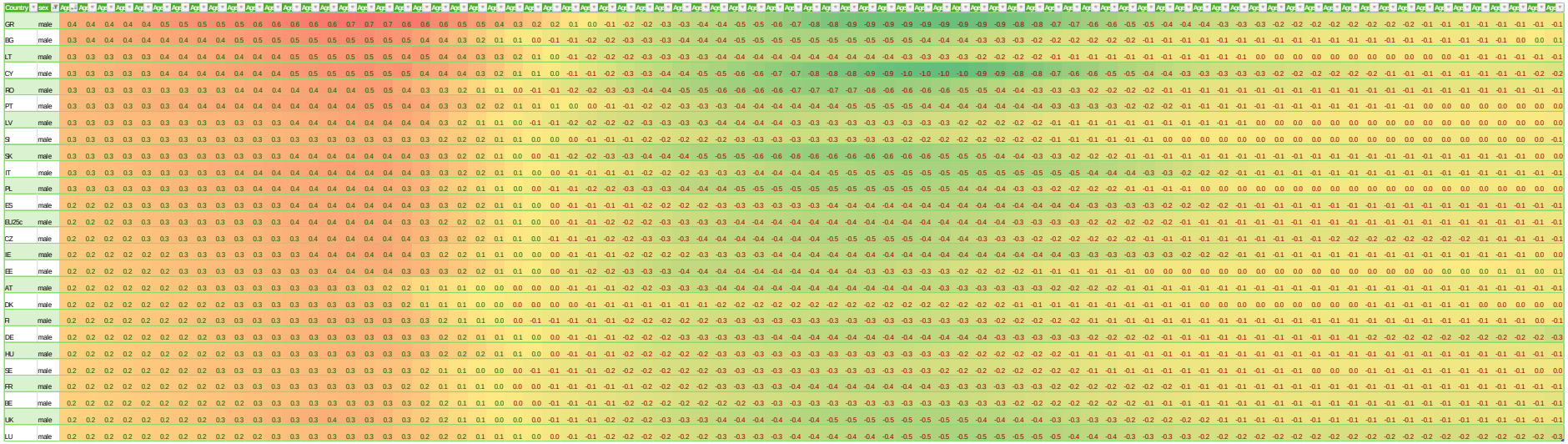
Wagner, M., & Brandt, M. (2015). 16. Loneliness among informal caregivers aged 50+ in Europe. In A. Börsch-Supan, T. Kneip, H. Litwin, M. Myck, & G. Weber (Eds.), *Ageing in Europe - Supporting Policies for an Inclusive Society* (pp. 179–188). Berlin, München, Boston: De Gruyter. https://doi.org/10.1515/9783110444414-018

Walker, B., Carpenter, S., Anderies, J., Abel, N., Cumming, G., Janssen, M., Lebel, L., Norberg, J., Peterson, G. D., & Pritchard, R. (2002). Resilience Management in Social-ecological Systems: a Working Hypothesis for a Participatory Approach. Conservation Ecology, 6(1), Article 14. http://www.consecol.org/vol6/iss1/art14

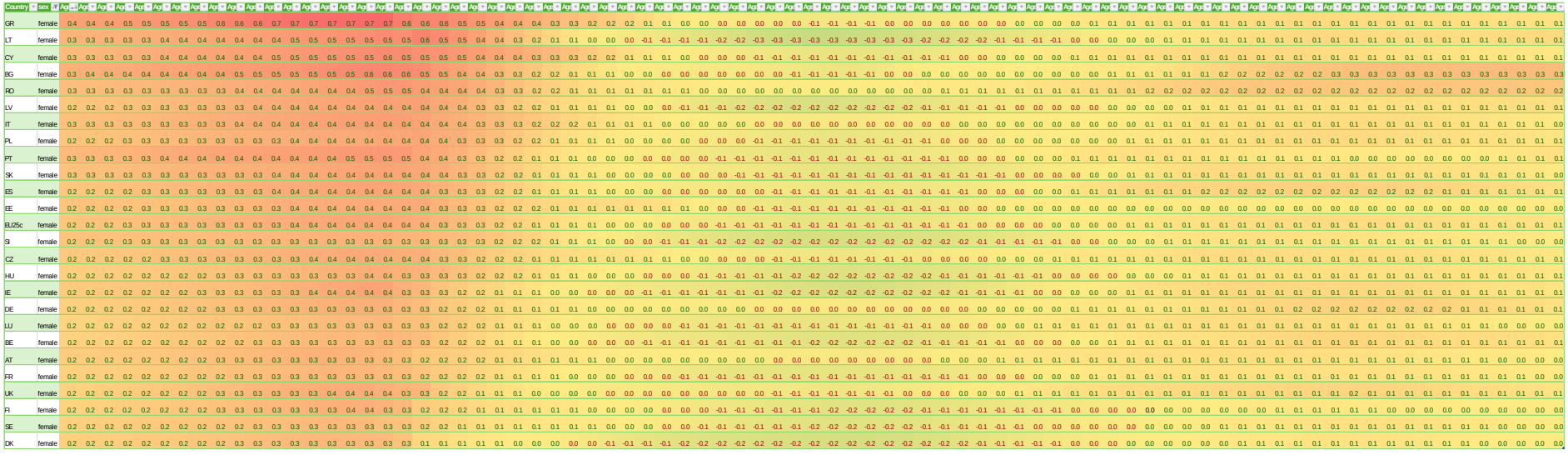
Zwar, L., König, H.-H., & Hajek, A. (2019). Life satisfaction of informal care recipients: Findings from the German Ageing Survey. *British Journal of Health Psychology*, *24*(4), 859–875. https://doi.org/10.1111/bjhp.12383

Appendix 1: Heatmaps of the age profiles of monetary transfers in the National Transfer Accounts approach

Men



Women



Appendix 2. The results of latent class modelling for classes of resilience

Table A.2 presents descriptive statistics for the full sample and by latent class, showing distinct characteristics across the five classes. These classes represent, respectively:

- Class 1: Best overall health, well-being, and financial situation;
- Class 2: Second best overall, but worse physical health;
- Class 3: Good physical and mental health but worse financial situation;
- Class 4: Bad physical health, activity limitations and chronic diseases, combined with poorer financial situation and low quality of life;
- Class 5: Difficult financial situation, limitations in activities, the highest depression and loneliness scale and the lowest quality of life.

Table A. 1 Fit Statistics for Model Selection

		LL	df	AIC	BIC
1	Class	-406689	12	813401.7	813504.7
2	Classes	-386592	22	773227.3	773416.2
3	Classes	-380519	32	761101.2	761375.9
4	Classes	-374899	42	749882.2	750242.8
5	Classes	-373442	52	746987.4	747433.9

Source: Authors' calculations based on SHARE data.

Table A. 2 Item Responses in LCA

	Latent Classes				
	1	2	3	4	5
Household Ability to Make Ends Meet					
Great Difficulty	0.01	0.01	0.17	0.17	0.26
Some Difficulty	0.11	0.13	0.51	0.41	0.36
Fairly Easily	0.36	0.39	0.30	0.31	0.25
Easily	0.52	0.46	0.03	0.11	0.14
Limitation with activities	0.14	0.79	0.34	0.93	0.79
2+ Chronic Diseases	0.29	0.78	0.48	0.87	0.75
1+ Activity of Daily Living Limitation	0.00	0.15	0.01	0.33	0.28
CASP index: Quality of Life and Well-Being	42.31	38.91	35.03	31.28	28.80
EURO Depression Scale	1.25	2.43	1.63	4.80	5.45
UCLA Loneliness Scale (Short Version)	3.36	3.72	3.89	4.12	7.09

Source: Authors' calculations based on SHARE data.